



INSPECTION/DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records fill in sections 1-5. Do not sign and date the signature line until the records are received.

Custodian Instructions: For requests to inspect, the **records custodian** is to fill in sections 1-6 and 9. For requests for copies or duplicates, the records custodian is to fill in sections 6-9. Do not sign and date the signature line until the records are delivered to the requestor.

Note: Tenn. Code Ann. § 10-7-503(a)(7)(A) provides that unless another provision in law specifically requires a written request, a request to inspect public records may not be required to be in writing nor can a fee be assessed for inspection of records.

(FRONT)

1. Name of requestor: _____
(Print or Type; Initials of requestor are required for copy requests)

2. (If required) Form of identification provided:

☐ Photo ID issued by governmental entity including requestor's address

☐ Other: _____

3. Requestor's address and contact information: _____

4. Request for: ☐ inspection/access ☐ copy/duplicate [previously inspected on _____ (date) or ☐ inspection waived]

5. Record(s) requested:

a. Type of record: ☐ Minutes ☐ Annual Report ☐ Annual Financial Statements

☐ Budget ☐ Employee file ☐ Other

b. Detailed Description of the record(s) including relevant date(s) and subject matter:

6. Request submitted to: _____
(Name of Governmental Entity, Office or Agency)

a. Employee receiving request: _____
(Print or Type and Initial)

b. Date and time request received: _____

c. Response: ☐ Same day ☐ Other _____

7. Costs (if assessed):

a. Number of pages to be copied: _____ ☐ Estimated

b. Cost

(1) per page letter or legal sized: ☐ \$____ (justification required if more than \$0.15) per black and white ☐ \$____ (justification required if more than \$0.50) per color;

(2) per page other sized or other medium _____: ☐ \$____ (justification required)

7. Costs continued:

- c. Estimate of labor costs to produce the copy (for time exceeding 1 hour): _____
☐ Labor at \$ _____ /hour for _____ hour(s).
☐ Labor at \$ _____ /hour for _____ hour(s).
☐ Labor at \$ _____ /hour for _____ hour(s).
- d. Programming cost to extract information requested: _____
- e. Method of delivery and cost: _____ ☐ Estimated
☐ On-site pick-up ☐ U.S. Postal Service ☐ Other: _____
- f. Estimate of total cost to produce request: _____
- g. Estimate provided to requestor: ☐ in person ☐ by U.S.P.S. ☐ by phone ☐ Other: _____

8. Payment:

- a. Form of payment: ☐ Cash ☐ Check ☐ Other _____
- b. Amount of payment: _____
- c. Date of payment: _____
- d. Actual cost (and adjustment if prepaid): _____

9. Date of: ☐ access to records _____ and/or ☐ delivery of copies: _____

 Signature of Records Custodian

 Date

 Signature of Requestor

 Date